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MAR-10-2006 FRI 03:58 PM CANTOR COLBURN LLP

FAX NO. 8602860115

P. 05/08

**Combined Declaration for Patent Application and Power of Attorney**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name:

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled MACROLUDHS the specification of which

(check one)	<input checked="" type="checkbox"/>	is attached hereto.
	<input type="checkbox"/>	was filed on <u>12/22/2003</u> as International Application Serial No. <u>PCT/GB2003/095659</u>
and (if applicable) was amended on: _____		

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)			Priority Claimed	
Number	Country	Day Month Year Filed	YES	NO
PA 2002 01957	Denmark	20 December 2002	<input checked="" type="checkbox"/>	

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States Application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulation, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status- patented, pending, abandoned

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NUMBER

FILING DATE

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**POWER OF ATTORNEY:** As a named inventor, I hereby appoint the following attorneys, and/or agents with full power of substitution, association, and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith.

CUSTOMER NUMBER 23413

I hereby direct that all correspondence and telephone calls in connection with this application be addressed to Customer No. 23413, Cantor Colburn LLP, 55 Griffin Road South, Bloomfield, CT 06002, Telephone No. (860) 286-2929.

I hereby further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application of any patent issued thereon.

Full Name of Sole or First Inventor	Inventor's Signature	Date
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Residence: c/o Synthesis Technology, Alpharma Hafizalleen 3, N-0212 Oslo, Norway	Citizenship: Norway	
Post Office Address: (Same as above)		
Full Name of Second Joint Inventor, If Any	Inventor's Signature	Date
Solvi Gunnes	<i>Solvi Gunnes</i>	10 August 2005
Residence: c/o Synthesis Technology, Alpharma Hafizalleen 3, N-0212 Oslo, Norway	Citizenship: Norway	
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Full Name of Third Joint Inventor, If Any	Inventor's Signature	Date
Residence:	Citizenship:	
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Full Name of Fourth Joint Inventor, If Any	Inventor's Signature	Date
Residence:	Citizenship:	
Post Office Address:		
Full Name of Fifth Joint Inventor, If Any	Inventor's Signature	Date
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